

## **Health and Care Overview and Scrutiny Committee**

Monday 20 September 2021

**10:00**

Council Chamber, County Building, Stafford

**NB.** The meeting will be webcast live which can be viewed here -  
<https://staffordshire.public-i.tv/core/portal/home>

John Tradewell  
Director of Corporate Services  
10 September 2021

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### **A G E N D A**

#### **PART ONE**

1. **Apologies**
2. **Declarations of Interest**
3. **Minutes of the last meetings held on 26 July 2021 and 9 August 2021** (Pages 1 - 16)
4. **Difficult Decisions Update** (Pages 17 - 22)  
Report of the Clinical Commissioning Groups (CCG)
5. **Transforming Urgent and Emergency Care (UEC) update** (Pages 23 - 28)  
Report of the Clinical Commissioning Groups (CCG)
6. **Phase 3 Covid Vaccination Update** (Pages 29 - 32)  
Report of the Clinical Commissioning Groups (CCG)
7. **Covid-19 Update**  
Verbal update of the Director of Health and Care
8. **District and Borough Health Scrutiny Updates** (Pages 33 - 36)  
Reports of the District and Borough Representatives
9. **Work Programme 2021-22** (Pages 37 - 42)  
Report of the Scrutiny and Support Officer
10. **Exclusion of the Public**

The Chairman to move:-

That the public be excluded from the meeting for the following items of business which involve the likely disclosure of exempt information as defined in the paragraphs Part 1 of Schedule 12A Local Government Act 1972 (as amended) indicated below.

<b>Membership</b>	
Jak Abrahams	Jill Hood
Charlotte Atkins	Barbara Hughes
Philip Atkins, OBE	Thomas Jay
Martyn Buttery	David Leytham
Rosemary Claymore	Paul Northcott (Vice-Chairman (Overview))
Richard Cox	Jeremy Pert (Chairman)
Ann Edgeller (Vice-Chairman (Scrutiny))	Janice Silvester-Hall
Keith Flunder	Colin Wileman
Phil Hewitt	Ian Wilkes

#### **Note for Members of the Press and Public**

#### **Filming of Meetings**

The Open (public) section of this meeting may be filmed for live or later broadcasting or other use, and, if you are at the meeting, you may be filmed, and are deemed to have agreed to being filmed and to the use of the recording for broadcast and/or other purposes.

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Recording (including by the use of social media) by the Press and Public is permitted from the public seating area provided it does not, in the opinion of the chairman, disrupt the meeting.

**Scrutiny and Support Officer:** Deb Breedon

## Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 26 July 2021

Present: Jeremy Pert (Chairman)

### Attendance

Philip Atkins, OBE	Phil Hewitt
Martyn Buttery	Jill Hood
Richard Cox	Thomas Jay
Ann Edgeller (Vice-Chairman (Scrutiny))	Paul Northcott (Vice-Chairman (Overview))
Keith Flunder	Janice Silvester-Hall

### Also in attendance:

Dr Richard Harling – Director of Health and Care, Staffordshire County Council  
Dave Adams - Director Operations, Newcastle-under-Lyme Borough Council  
Marc Liddeth - Project Executive, Environment Agency  
Dr Nic Coetzee - Public Health England PHE, Dr and Consultant PHE Health Protection team  
Katie Spence - Deputy Director PHE West Midlands  
Dr Ovnair Sepai – Principal Toxicologist PHE  
Jayne Moore – Director Strategy Planning and Performance for 6 CCGs in Staffordshire

**Apologies:** Jak Abrahams, Charlotte Atkins, Rosemary Claymore, Barbara Hughes, David Leytham, Colin Wileman and Ian Wilkes

## PART ONE

### 17. Declarations of Interest

None were received on this occasion.

### 18. Walley's Quarry Landfill Site - Health Implications

The Chair thanked Newcastle under Lyme Borough Council (NuLBC) for hosting the meeting to consider the health and wellbeing impacts of odour emissions from Walley's Quarry Landfill Site, in Silverdale, Newcastle. The joint approach demonstrated that this Committee and the Health, Wellbeing and Partnerships Committee at NuLBC were taking the health, both physical and mental, and wellbeing of all Staffordshire residents very seriously.

The reports previously circulated outlined that the foul odour from Walley's Quarry Landfill Site (WQ) in Silverdale had been associated with health and wellbeing issues for local residents for a significant period of time. The emissions and health impacts were reported as much worse for residents in Newcastle under Lyme and in neighbouring areas since the beginning of 2021. Complaints about WQ had increased in December 2020, but increased substantially in January 2021, almost 2000 complaints were

received in that month alone and in the eight month period to date several further breaches of the WHO acceptable levels had resulted in many more complaints – towards 50,000. Data was collated through a survey, a series health impact statements and a symptom tracker. The data highlighted that the main health impacts for residents were:

- Odour symptoms: headaches, nausea, dizziness, lack of sleep
- Hydrogen Sulphide (H<sub>2</sub>S): eye irritation and mucus membrane irritation, difficulty breathing especially for people with underlying respiratory conditions
- Mental Health affects anxiety, depression, and disturbed sleep and other mental health impacts

It was explained that the issues residents were experiencing could not be calculated with precision, but the issues were considered real and could be serious for the long term health and wellbeing of the residents particularly as the situation was prolonged. Public Health England (PHE) guidance had been updated in July 2021 to indicate that there was a potential risk to long term health with exposure over a longer period. WQ Ltd had been served an enforcement notice and were complying with the requirements, but that had not had a marked effect on exposure and odour levels. Residents remained unhappy and concerned and wanted the situation to be resolved as soon as possible.

A multiagency incident management group was set up in March 2021 to focus on the issues, and in June 2021 this was elevated to a strategic co-ordinating group of key partners from Staffordshire County Council (SCC), Public Health England (PHE), Environment Agency (EA) and Newcastle under Lyme Borough Council (NuLBC).

It was understood that the level of hydrogen sulphide (H<sub>2</sub>S) in the air near to WQ continued to be above the World Health Organisation (WHO) annoyance guideline value for a considerable percentage of the time, this was undesirable due to the effects on people's health and wellbeing.

Representatives from the multi-partner agencies SCC, EA, PHE and NuLBC attended the meeting to provide clarification to the reports and to respond to members questions.

**Lines of enquiry:** Members questioned the multi-partner agencies on seven key themes to develop a clearer understanding of the evidence and the issues, to be able to draw conclusions and make recommendations.

### **The actual physical health impacts from Walley's Quarry on individuals**

- At the emission levels near the site H<sub>2</sub>S was low level. It was unlikely to be harmful to humans and severe health implications would not be expected, but concern grew when residents were exposed for a longer period of time. H<sub>2</sub>S emission levels were of occupational concern and may impact people who work with it.
- PHE advised that the human health environmental risk assessment looked for guidance levels to compare exposure levels with levels that had been derived to be protective of human health over a period of time. H<sub>2</sub>S was of more concern when people were exposed for a longer period of time and for people with existing conditions, such as asthma, respiratory or lung conditions. PHE advised it would not expect H<sub>2</sub>S in low levels to be harmful to humans if there were no existing conditions.

- H<sub>2</sub>S did not accumulate in the human body, it had an effect when exposed to it. It was an irritant and affected the eyes and respiratory system.
- H<sub>2</sub>S was not considered harmful in other ways, a minimal amount could be absorbed through skin but was unlikely to cause health effects.
- PHE clarified that if a pregnant mother was well and not suffering effects of H<sub>2</sub>S, then it was likely that an unborn child would not be impacted.

### **The site and monitoring requirements**

- Members indicated that the H<sub>2</sub>S gas was listed as a toxic gas which needed controls in place and should not really be in the air. Concerns were raised that regular monitoring was not in place in any landfill site in the UK, only when an issue was investigated.
- Monitoring was in place at Walley's Quarry (WQ) and air quality monitoring assessments completed in 2018-19 were available to view. Also, recent monitoring data was available for most recent issues at WQ.
- Waste description notices identified the waste put in landfill. There was concern that the H<sub>2</sub>S gas had to come from an organic source. The EA as regulator cross checked waste deposits against descriptions and had done so at WQ, it was researching what had happened at WQ,
- The type of H<sub>2</sub>S emissions at WQ was not unique but this was at exceptional levels. The EA was working through actions with the operator.
- EA assured that actions were in place including gas management to address the issues, every possible step was being taken to get the operator to take every possible action to reduce the situation but there was no timeframe in place that the EA could give as to when the situation would end. The gas management contractor was carrying out work for Walley's Quarry. The EA assured that the timeframes had to be reasonable for gas contractor to work safely and work would be carried out in the quickest time possible.
- EA extra gas capping had been delayed due to material supply delays from US causing issues for the contractor, which was out of operator's control. The technology comes from US due to its ability to be placed on a steep bank, it covered a large surface area and had to be transported by ship due to the size and weight of the material. EA were working with government to fast track it through customs once it arrived in the UK.
- The risk of fire on site could occur through extraction of gas from landfill and gas management plant. The level of gas extraction had to be managed carefully to prevent too much oxygen been drawn in, which could increase fire risk.
- Landfill tonnage was at 400,000 tonnes limit per year, the gas management would continue until 2024 as a live landfill site, then it would become closed but would still have to be maintained even when landfill operation cease.
- H<sub>2</sub>S came from the anaerobic decomposition of organic material, members indicated that organic materials should not be on the landfill waste site.
- In terms of the high number of reports in early 2021 it was indicated that the public may have been more aware of where to report issues and high levels of H<sub>2</sub>S had been recorded by the AQ monitoring units at the time which may have been a factor in increased complaints.
- PHE indicated that the effect of H<sub>2</sub>S particularly at spike times. would be a cause of irritation, headaches, and nausea and that H<sub>2</sub>S would ingress into homes. When experiencing odours and feeling the effects of H<sub>2</sub>S residents were advised to close

windows, when odour died down it was advisable to ventilate the house. It was suggested the best course of action would be for residents to remove themselves from the source.

- It was understood that support was available for related mental health issues but none of this would take the problem away, the best way to reduce the issues was to reduce the source
- In terms of air purifying and air filtration there was no evidence that this would have impact on H<sub>2</sub>S as it was a small heavy molecule.
- In terms of odour measurement and monitoring, it was considered that using the human nose as the main measure and then putting the monitoring in place was inappropriate, there were more technical solutions available that should be considered.
- The EA confirmed that it had to work within the regulator code, the framework and the process and had to follow the course of action set out. It was acknowledged that there was frustration from residents that the EA were not doing enough or quickly enough, but assurance was given that EA was doing all it could do within current powers as regulator.
- Benzene as a gas was odourless and was monitored amongst other gases by EA at WQ, but PHE were not receiving the data. It was a concern that partners did not have access to all the same data. PHE had been told that levels were low but did not have empirical data. EA confirmed that data would be shared and going forwards
- EA confirmed that necessary measures were in place, pipes and gas utilisation plant was all on site at WQ and in addition there were plans for other wells to collect gas, move it to engines to turn into energy and put back on the grid, and that surface gas also went through a carbon scrubber to be burnt off at the flares.
- In terms of a 'cocktail effect' of gases on site it was confirmed by PHE that with the data available they would not expect a cocktail effect because the gases acted in different ways.
- It was clarified that SCC gave planning permission for the landfill site and EA issued and monitored the permit to operate. Under the permit to operate EA provided advice and guidance on any breach. Depending on the breach a reasonable timeframe is given to act. The current management plan at WQ required gas management and further capping of the landfill, with timelines. The EA was working with the operator within the powers and duties as a regulator to control the landfill and gas emissions from the site.
- NuLBC had slightly different powers and had considered a report relating to WQ at NuLBC Council meeting 21 July 2021, when it was minded to serve an abatement notice on the site operator, and had to work closely with the regulator and other partners to carry out all possible actions.
- EA advised that the strategic multi – partner agency group was considering what partners could do together to resolve the issues as quickly as possible.

### **Employees health and HSE**

- Concerns were raised relating to the health and wellbeing of employees on site at Walley's Quarry. H<sub>2</sub>S was a toxic gas and at the levels showing may be an industrial health matter and may put employee's health at risk long term.
- EA explained that HSE had been on site and had been part of the strategic partners group. PHE communicated with Health and Safety Executive (HSE), there had

been no feedback on health and safety of employees on site. PHE agreed to provide detail on the level of engagement with HSE relating to employee safety on site.

### **Impacts on mental health of residents**

- The prolonged suffering of residents over 8 months in relation to the physical effect from H<sub>2</sub>S and odour was of concern and there were increasing concerns for residents about when the situation would end. There were numerous and varied reasons why mental health was impacted including lockdown and wider impacts on individual and family lives and their future. Committee considered that the long-term impact of WQ was having a detrimental impact on the mental health and wellbeing of residents.
- Keele University had been commissioned by SCC to carry out a study in terms of quantifying the mental health impact.
- Additional mental health support had been commissioned with NHS Midlands Partnership Foundation Trust and the voluntary sector for people to self-refer relating to mental health matters, and to be referred on for additional support if required. The service would be communicated to residents, there would be targeted communication and Doctors and community groups would be notified via NHS communications team and using social media, uptake would be monitored as implemented.
- There was concern that the inability of the public sector as a whole to do something was of great public concern, the regulatory response was not working and there was no end in sight for residents.
- EA clarified it did not provide health advice to residents but was working with partners and the operator. EA powers did not give ability to address physical and mental health impacts it was to work with the operator and hold them to account on their licence. EA provided data to PHE on air quality to highlight health impacts, so that partners could work with communities to provide health advice.
- EA as the regulator continued to hold the operator to account but could not give a definitive date to get gas under control, this was happening as quickly as possible under the powers they had to bring the gas under control with the contain, capture and destroy strategy in place.
- NHS indicated there were no recorded referrals to serious mental health and that NHS was responding to the needs of the population but could not address the primary cause.

### **Impact on young people and those more vulnerable**

- Members raised concerns about the impact of H<sub>2</sub>S on children's health and those most vulnerable with respiratory and lung conditions and how we could be sure that there would not be long term health issues. PH indicated that in terms of vulnerable receptors, or children with pre-existing conditions, initially the risk of long-term impact was likely to be small but the longer it went on the more concern due to the cumulative exposure.
- It was considered that some of the population that lived within 3 miles of the site were starting life with poorer health than average and they were perhaps more vulnerable to long term health problems.
- PHE advised that using the guidance levels that there were at present, the risk assessment was precautionary, but the concern would be for those more vulnerable

and continued exposure at higher levels was where there were concerns. PHE was working with EA to discuss how to reduce the levels as soon as possible.

- PHE advised that it was known that H<sub>2</sub>S does impact on the respiratory system, and it could be inferred that a child, if susceptible and if exposed to levels, H<sub>2</sub>S could have a more severe effect on a child whose lungs were developing, but this was a logical inference and there was no definitive data to prove or disprove this.

### **Wider symptoms being seen by residents**

- PHE advised that there were no studies available that demonstrated what the long-term health impacts arising from lower level H<sub>2</sub>S on a longer term basis. Other studies had been looked into but the published data available was more about higher level exposure scenario, such as hot natural springs where H<sub>2</sub>S levels were much higher than those from Walley's Quarry landfill site. This was why it was difficult to get an exposure scenario that was similar to WQ from which PHE could then extrapolate from, which was why PHE referred to published guidance values to be more confident of the risk assessment they were carrying out.
- PHE confirmed that in reference to the assessment risk, the values changed depending on the duration and level of exposure to H<sub>2</sub>S. Health impacts could not be excluded if the impacts carried on over longer periods especially where there were underlying health risks.
- EA advised that the breaches were not all instances where H<sub>2</sub>S was over WHO nuisance levels, they could have been other breaches not related to odour.
- There were four monitors around the perimeter of the site which gave a good indication of what was 'coming across the fence', and PHE advised that these levels were significantly lower than the acceptable levels and there was no evidence of toxicological impact on health, however the accumulative effect, while still low were eroding the margin of safety built into a very stringent criteria and PHE recommended that they need to reduce those levels as a priority.
- A concern was that the threshold not being hit was not going to appease residents who lived with the effect of the gas and impacts of it. In addition, residents were dealing with unknown timelines, worry and anxiety which added to the cumulative impact on mental health.

### **What can residents expect going forward**

- There were a number of sources of data about the effects on residents, the detail of which was in a more detailed report and a study from Keele University would capture the problems in an accurate summary. The difficulty for local agencies was that the data could formulate a summary of the problem but not the solution, that was where national agencies would need to step in and deal with the problem.
- NHS were responding to the needs of the population but could not actually address the primary cause.
- The EA had requested WQ to carry out actions to deploy the technology to carry out temporary capping of the western flank on the site, a revised gas management plan was prepared by a landfill consultant employed by the operator, with a deadline of 31<sup>st</sup> July 2021, focused on gas extraction and destruction of gas. The gas management company would be installing telemetry to monitor gas 24 hours a day to understand gas emissions and understand if anything else needed to be put in place by end of August 2021. An additional 22 wells and pipework to be able to carry out further gas extraction and destruction of gas, now and in the future was in

progress. Actions and progress could be seen on the resident's page on the website, all happening over next 2-3 months.

- Of great concern to Committee was that residents had no end in sight and ongoing operations to deposit waste did not placate residents. The daily impact on residents did not seem to be taken into account and 18 months on, no end time worsened health and wellbeing implications for residents.

The Chair thanked contributors to the debate and summarised the committee findings.

It was the consensus of the committee that the situation at Walley's Quarry had been going on for too long without a clear, defined end date. Members were not impressed that the resolution to the problem was not further along, particularly because resident's health and wellbeing was being impacted.

It was considered that there were wider and longer-term impacts on individual health that were not understood, including things they could not see or smell – i.e. not just hydrogen sulphide. People were affected in every aspect of their lives: their family, school, work, and community life, but most of all how their physically and mental health has been impacted.

It was understood that H<sub>2</sub>S emissions from landfill sites was not unique, but that the level of H<sub>2</sub>S at Walley's Quarry was at exceptional levels and the Committee was minded that the regulatory response to address these emissions had not demonstrated the same level of exceptional activity to respond.

It was understood that the H<sub>2</sub>S gas caused low level physical health irritants, that the impact would be different for each person and that the regulator was working to try to reduce the risk to health through planned actions but it was of great concern to the Committee that the H<sub>2</sub>S gas had on numerous occasions over the last eight months exceeded the acceptable levels and that residents had suffered as a result of this. The actions to reduce the emissions and risk to health of residents and potentially employees on site so far had not been successful.

The Committee was unanimous that intervention was required and that the issue be escalated to the highest level to expedite actions to alleviate the health and wellbeing impacts on residents of emissions from Walley's Quarry.

Resolved:

1. The Chair of the Health and Care Overview and Scrutiny Committee to write to the Prime Minister, the Secretary of State for Health and Social Care and the Secretary of State for Housing, Communities and Local Government to raise the concerns of the Health and Care Overview and Scrutiny Committee relating to the length of time odour emissions from Walley's Quarry Landfill site have had and continue to have adverse impact on the health and wellbeing of residents in Staffordshire and to request intervention in this matter.
2. That the Chair of the Health and Care Overview and Scrutiny Committee write to the Minister for Local Government and the Minister for the Environment to raise

the concerns of the Health and Care Overview and Scrutiny Committee that there is a lack of co-ordination in the approval and regulation of quarry landfill sites, and that for those sites that have significant problems, as is the case for Walley's Quarry Landfill site, one body should have the authority to resolve those issues quickly and effectively.

3. That the Chair of Health and Care Overview and Scrutiny Committee write to George Eustace MP to advise that at a meeting of the Health and Care Overview and Scrutiny Committee on 26 July 2021 to consider Walley's Quarry Landfill Site and health implications, the Committee had noted and supported the recommendation from PHE that affected residents would benefit from respite from the issues and that they supported a letter from Newcastle under Lyme Borough Council to the Secretary of State for Environment, Food & Rural Affairs relating to the provision of respite opportunities for those residents affected by the impact of odour emissions from Walley's Quarry to reduce exposure to the source.
4. That Public Health England be requested to provide a written response to the Health and Care Overview and Scrutiny Committee to confirm the Health and Safety Executive position relating to safety of employees at Walley's Quarry.
5. That the Health and Care Overview and Scrutiny Committee request the following reports to be circulated to members:
  - a. Air quality monitoring report 2018-19 (Environment Agency)
  - b. Report from Keele University quantifying the mental health impact when the report is available (SCC)
6. That the Health and Care Overview and Scrutiny Committee request the Environment Agency to share all monitoring data at Walley's Quarry with Public Health England and that all monitoring data sharing continue between agencies.
7. That Health and Care Overview and Scrutiny Committee request the Environment Agency:
  - a. To maintain ongoing monitoring of gas emissions at Walley's Quarry Landfill Site.
  - b. To give consideration to the installation of technical monitoring equipment to monitor gas emission on all Quarry Landfill sites, when required and at the operators cost.
  - c. To provide a written briefing of emission levels from Walley's Quarry to the Health and Care Overview and Scrutiny Committee on a monthly basis.
  - d. To provide an update report to the Health and Care Overview and Scrutiny Committee in October 2021 to detail the range of works completed to reduce the risk to resident's health and the impact of those works on local resident's health through emissions reduction.
8. That the Health and Care Overview and Scrutiny Committee request the Accountable Officer of the CCGs Staffordshire and Stoke to write to GPs and

Pharmacies to make them aware of the health effects and referral pathways for those requiring support in relation to health impacts associated with Walley's Quarry Landfill Site.

9. That the Health and Care Overview and Scrutiny Committee request the Director of Strategy Planning and Performance CCG's Staffordshire and Stoke to provide a written response to detail the referral pathways into local services, in particular the mental health support services for local residents.

**Chairman**



## Minutes of the Health and Care Overview and Scrutiny Committee Meeting held on 9 August 2021

Present: Jeremy Pert (Chairman)

### Attendance

Philip Atkins, OBE	David Leytham
Martyn Buttery	Paul Northcott (Vice-Chairman (Overview)
Richard Cox	Janice Silvester-Hall
Phil Hewitt	Colin Wileman
Barbara Hughes	Ian Wilkes

**Apologies:** Jak Abrahams, Charlotte Atkins, Joyce Bolton, Rosemary Claymore, Ann Edgeller and Thomas Jay

### PART ONE

#### 19. Declarations of Interest

Councillor Daniel Maycock declared an interest in item 4 relating to George Bryan Centre as a former service user.

Councillor Richard Cox declared an interest in item 4 George Bryan Centre a family member was a former service user.

#### 20. Minutes of the last meeting held on 5 July 2021

That the minutes of the meeting 5 July 2021 be approved and signed as a correct record.

#### 21. George Bryan Centre

The Committee received a report and presentation relating to the temporary closure of George Bryan Centre (GBC) in Tamworth following a fire in February 2019. The Operations Manager MPFT outlined the background and current position for GBC and mental health services that previously were provided there.

The Committee considered the proposals for engagement events and the process for deciding the long-term solutions for mental health services which would be based on the best balance of clinical evidence and evidence gained through public involvement.

The Committee noted that:

- Since the fire, services had been provided at St George's hospital in Stafford or through community mental health services, which had been developed during the

closure to expand expertise and provision in the community. Staff from GBC had been either redeployed or re-trained. Work was underway to determine the future of the mental health services through engagement events and an options appraisal.

- Previous engagement had informed the business case alongside the clinical evaluation, further engagement events, and equality impact assessments. All information gathered through listening and engagement was used to develop the Clinical Service Model which would be evaluated, and services shaped.
- The Clinical Service Model would also take into consideration the Integrated Care Strategy (ICS) programme for adult and older people's mental health services across Staffordshire and Stoke on Trent.

The following comments and responses to Members questions were noted:

- The GBC had been insured by the Midlands Partnership Foundation Trust (MPFT), detail of the insurance funding had been calculated on the damage extent and reasoning for the fire, this information was not available at the meeting but would be sent to Members.
- MPFT consultation events included service users from GBC, other mental health services across Staffordshire and members of the workforce. A link to the survey was available on the website and would be shared with members alongside more detail on qualitative data requested.
- It was confirmed that all service users were over 18 years old.
- Members highlighted the need to hold face to face events to bring on board service users or carers who could reach out to people who had used or intend to use services. They indicated that the information would bring perspectives to shape services to what people want and need, and in doing so people would feel included. MPFT welcomed the opportunity to talk with Staffordshire Healthwatch about the co-production group, to engage face to face with individuals who had experience of services.
- There had been no significant increase in serious mental health incidents drawing on other services such as police and ambulance in the communities during the lockdown period. It was noted that the way services were delivered during this period was different and not comparable to other periods. A ward had been available at St Georges hospital for short term stays and average length of stay during this period was 23 days, this benchmarked well across the country.
- Members requested further data about re-admissions to make a useful comparison and highlighted the importance of clinical evidence to inform the business case.
- Members thanked staff for work they had done in difficult circumstances.
- It was explained that people liked local services, but they were not always the best pathway for the individual based on clinical health outcomes.
- The Community Impact Assessment would identify issues such as transport and travel and mitigate against the impact on the individual. This would be part of the decision making process before a final decision was made.
- It was explained that this work aligned to the wider mental health programme.

Resolved:

1. That the update report and presentation were noted.

2. That Committee requested the link to more detailed information from engagement feedback, data of re-admissions to ensure clinical evidence was included in the business case and confirmation of the insurance funding details.
3. That the final draft proposal be considered by the Committee at a future meeting.

## **22. Maternity Services**

The Committee received an update report and presentation relating to the Temporary Closure of Free-Standing Midwife-led birthing Services.

At the request of the Chair, the Lead Midwife Maternity Transformation Programme gave a brief overview of the Ockenden Review of maternity services at Shrewsbury and Telford Hospitals and of the Better Births Report published in 2016.

Ockenden Review - The interim report had been received and a second report was due later this year. The report raised themes which reflected recommendations of other reviews of maternity services across the Country. The Ockenden report highlighted the need for safe staffing, good foetal monitoring training, regular risk assessments and the need for learning from incidents and to include families in what we need to learn.

Better Births Report – This resulted in a national maternity transformation programme which had been translated to regional transformation programmes. Recommendations from the report had highlighted safe staffing, training and how we include our women and families when planning maternity services.

The Lead Midwife provided an overview of the presentation and report relating to the temporary closure of freestanding midwife-led birthing units (FMBUs) at Samuel Johnson Hospital in Lichfield and County Hospital in Stafford which provided low risk care maternity services.

The Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) undertook engagement activity in summer 2019, information was utilised to develop and refine the Clinical Model of Care. An options appraisal process took place between November 2019 and February 2020, but the transformation programme was paused in March 2020 due to the beginning of the pandemic. At this time the birthing element at the two FMBUs were suspended in order to consolidate resource into the main maternity units. Due to current pressures, the need for safety in maternity services and that the Delta Variant was having more of an impact on pregnant women the FMBUs remain temporarily closed. The impact of the suspension of birthing units was being monitored and consultation was ongoing with families to understand what was needed for future maternity services in Staffordshire.

The following comments and responses to questions were noted:

- The engagement process to recap and sense check the previous involvement work would help understand any potential negative impact of the proposed model of care.
- Patient and staff safety was at the forefront of future maternity services to ensure a professional and safe service was being provided.
- When considering the online maternity survey, it was considered that there was a need to consult families and to reach out to minority communities. Also, to be mindful of the need for compassion in maternity care when working with families and

individuals care. Healthwatch Staffordshire would offer support with this engagement.

- There was a need to communicate information about vaccination safety for pregnant women.
- The Trusts would provide revised business cases on how they could reinstate the birthing services to the Staffordshire and Stoke-on-Trent Maternity and Neonatal Programme Board in Autumn 2021 which would include development and workforce training. The earliest the on-demand model of care could go live was Autumn/Winter 2021.

**Resolved:**

1. That the report and presentation were noted.
2. That Committee requested further data about the trend for home births to be circulated.
3. That the final proposals would be considered by the Committee at a future meeting.

**23. Covid-19 Update**

The Committee considered an update relating to Covid-19 which included detail of the current position, case rates, hospitalisations, death rate and infection rates.

The Committee noted that the data revealed the start of a downward trend and plateau phase in infection rates. The highest infection group in 7 day case rates was 18-34 age group, which was continuing to rise. Hospitalisations were stable and death rate was down. Additional pressures were highlighted to be workforce shortages in health and social care.

The following comments and responses to questions were noted:

- Vaccination rates had increased but were slowing down particularly for 18-34 year olds, this may be partly due to the rise in infection rates in younger age groups, once diagnosed with Covid there was a need to quarantine for 28 days before they could access their next dose.
- The local outbreak management plan had been updated recently.
- There was a need and a role for members to keep sharing the message in communities to be cautious and respectful of others. Key messages were to maintain sensible precautions to limit spread of infection, get tested regularly and get vaccinated as soon as possible.
- The pressures in UHMN NHS Trust were real with 40-50 people in hospital and some in ITU including pregnant women. NHS was seeing increased demands on all NHS services and there was a pressure to catch up on backlog lists.
- There were consistently higher testing rates in Staffordshire, people were being encouraged to get lateral flow tests if showing any signs of infection. There were plenty of opportunities to get tested with pop up testing centres and LFT available on request.
- In terms of vaccination programme work with employers was ongoing to set up vaccination centres. Full guidance for vaccinating under 18's was awaited before they could be rolled out in the same way other elements had been. A variety of

approaches and incentives were being considered to encourage younger age groups to get vaccinated.

- It was considered there were other seasonal illnesses to prepare for this winter and that there was a role for members to promote the need to immunise against all illnesses not just Covid.
- The Cabinet Support Member requested that the Committee consider a report relating to the take up of childhood immunisations during the pandemic to a future meeting in the work programme.
- By law Care workers had to be fully vaccinated by 11 November 2021 to continue to work in the care sector. The Council was working with care home providers and other providers. There was a projected 20% gap in care workers who would not be vaccinated by 11 November and the Council was working with providers to ascertain if was a true gap.

The Chair highlighted the need to get the message out that care workers must start vaccinations by 18 September 2021 if they wanted to continue to provide front line services and that the role of Members was to promote the messages in the Districts and Boroughs.

**Resolved:**

1. That the update report be noted.
2. That Members continue to promote in their District and Borough Council areas the need for care workers to get vaccinated, the need for all residents to maintain sensible precautions to limit spread of infection, to get tested regularly and to get vaccinated as soon as possible.

**24. District and Borough Health Scrutiny Activity**

Committee noted the update report and received verbal updates from District and Borough representatives as follows:

- Ref. minute 11: Cannock Chase District Council had written to Royal Wolverhampton Hospital NHS Trust relating to an update on Cannock Chase MIU.
- Ref. minute 12: East Staffordshire District Council representative was to attend a meeting with the Chair and CCG partner to consider GP access at Gordon Street Surgery.

The Chair invited members to share outcomes from scrutiny carried out in the Districts and Boroughs which may be of wider relevance for Staffordshire.

**Resolved:**

1. That East Staffordshire District Council be invited to provide a paper sharing the outcomes of scrutiny work it is carrying out to assess the impact of voluntary sector work during the pandemic.
2. That Tamworth Borough Council be invited to share the outcomes of scrutiny work on food vulnerability and healthy eating at the Committees 'Wider Determinants of Health' inquiry day in November 2021, and also to share

outcomes on discussions in Tamworth relating to work with voluntary sector and communicating about mental health locally.

**25. Work Programme 2021-22**

Committee received the work programme and noted the following:

1. The date of the next meeting was 20 September 2021 at 10am.
2. The proposed date for the Mental Health Awareness Session was 28 September 2021 at 10am.

**Chairman**

Local Members' Interest
n/a

## **Health and Care Overview and Scrutiny Committee - Monday 20<sup>th</sup> September 2021**

### **Difficult Decisions update**

#### **1. Recommendations**

- 1.1. To note the update on the Difficult Decisions engagement process.
- 1.2. To note the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken to inform any future proposals.

### **Report of NHS Staffordshire and Stoke-on-Trent Clinical Commissioning Groups**

#### **Summary**

#### **2. What is the Overview and Scrutiny Committee being asked to do and why?**

- 2.1. In January 2020, the six Staffordshire and Stoke-on-Trent CCGs began their initial phase of the Difficult Decisions engagement process regarding five areas of care.
- 2.2. In response to the COVID-19 (Coronavirus) pandemic, all local health services focussed on supporting the frontline. As a result, some work programmes were placed on hold in April 2020 and this included the Difficult Decisions engagement.
- 2.3. This report provides an update to members on the work completed to date and details the process through which this programme will follow including a proposed timeline for returning to the committee.
- 2.4. The committee is asked to advise on any additional information required by members to feel assured that due process and sufficient involvement activity will be undertaken to inform any future proposals.

#### **Report**

#### **3. Background**

- 3.1. The Clinical Commissioning Groups (CCGs) have a process for prioritising the use of the resources available to commission healthcare across the six Staffordshire and Stoke-on-Trent CCGs. This is set out in the Policy on the Prioritisation of Healthcare Resources.
- 3.2. The CCG has a group known as the Clinical Priorities Advisory Group (CPAG), which is a subcommittee of the Governing Board. The group considers interventions and services which

are referred from the CCG's commissioning team. This may be because there is a recognised unmet need and the CCG wishes to identify the best interventions to invest in or, as is the reason in this case, because there is a view that a services need to be reviewed.

- 3.3. CPAG undertakes the ranking of healthcare interventions using a scoring system of criteria based on the Portsmouth Scorecard. Interventions are scored by the group against eight criteria that include; the magnitude of overall health benefit, where it looks at issues such as how far the intervention or service extends life and how far it improves quality of life, the strength of the evidence supporting the assessment of benefit which is assessed using the same categories adopted by NICE and the cost-effectiveness - which is best expressed as a cost for the gain of one quality adjusted life year.
- 3.4. This final score is reported to the CCG Strategic Commissioning team. No decision is made by CPAG about whether a service should or should not be commissioned.
- 3.5. As the policy explains there is a threshold score, and interventions scoring below the threshold will not be considered by the CCG for new investment and where already commissioned, current eligibility criteria will be subject to review.

#### **4. Context**

- 4.1. As described, the CCG has a robust process for prioritising the services and treatments it commissions.
- 4.2. Introducing excluded or restricted criteria for any intervention are difficult decisions to make, which is why the CCG has a clinically-led prioritisation process. Inevitably, as some interventions/services score below the threshold for investment, difficult decisions have to be made; however, using a clinically-led prioritisation process based on review of available scientific evidence of effectiveness ensures that where interventions are excluded from commissioning or, where they are prohibitively expensive or in limited supply, restrictive criteria are used to ensure that these interventions are reserved for those most likely to benefit.
- 4.3. This is particularly important given the CCGs challenged financial position and the need to balance the services that are commissioned against their statutory responsibilities to ensure that they operate within their defined budgets and achieve financial balance.
- 4.4. In 2019, the six Staffordshire and Stoke-on-Trent CCGs reviewed eligibility criteria for a range of interventions/procedures with the overarching aim of aligning criteria where there were differences across the CCGs and to review any outstanding recommendations from the CCGs CPAG.
- 4.5. During the review, the CCG recognised that public engagement and involvement would be required to inform the proposals for a number of areas. These are;
  - 4.5.1. Assisted conception
  - 4.5.2. Hearing aids for non-complex hearing loss (Mild hearing loss only)
  - 4.5.3. Male and female sterilisation
  - 4.5.4. Breast Augmentation and reconstruction
  - 4.5.5. Removal of excess skin following significant weight loss

- 4.6. In January 2020, the six Staffordshire and Stoke-on-Trent CCGs began their initial phase of the Difficult Decisions engagement regarding the above five areas of care.
- 4.7. Feedback was gathered via online and paper surveys and during seven deliberative events. The deliberative events were structured as 'be a commissioner' workshops, to gather intelligence on how participants felt services should be prioritised. Two additional events were held on request from two organisations representing people who suffer with hearing loss. Additionally, respondents provided feedback, guidelines and research through the submission of correspondence during the engagement period.
- 4.8. The CCGs launched this engagement exercise to gather the views of patients, the public and other interested stakeholders and use this feedback to inform future proposals.
- 4.9. The initial engagement exercise concluded on 01 March 2020 and the CCGs expected to begin the next stage of the programme in May 2020 once the analysis of the initial feedback was complete. Further information on the initial engagement and the report of findings can be found here:  
<https://www.northstaffsccg.nhs.uk/get-involved/consultation-engagement/difficult-decisions>
- 4.10. Plans for any further engagement was put on hold in April 2020 when all local health services focused on supporting the efforts to manage the COVID-19 (coronavirus) pandemic. All stakeholders involved in this engagement received a statement explaining this decision.
- 4.11. In December 2020, North Staffordshire CCG reviewed the clinical evidence available for hearing loss to understand whether there was any additional evidence available that may change the original CPAG prioritisation scores and remove hearing aids from the difficult decisions programme.
- 4.12. The review did not identify any additional evidence that had not already been considered by the CPAG. It was however noted that the evidence of benefit to patient with moderate hearing loss was stronger than the evidence of benefit to patients with mild hearing loss.
- 4.13. During the review, the CCG recognised the likely outcome of future engagement is that no restrictions for moderate hearing loss will be implemented across the other five CCGs.
- 4.14. Due to the delays in concluding the difficult decisions work, North Staffordshire CCG Governing body discussed the provision of hearing aids for moderate hearing loss in January 2021 and approved a recommendation to remove restrictions for moderate hearing loss within the hearing aid commissioning policy.
- 4.15. The removal of this restriction in the hearing aid policy relates to moderate hearing loss only as further work is required to review mild hearing loss within the difficult decisions programme alongside the other 4 areas of care highlighted in section 4.5.

## 5. Involvement process

- 5.1. There are no proposals at this stage and these will not be developed until the full engagement and involvement process is complete.

- 5.2. The process for deciding the long-term solutions for the five service areas will be based on the best balance of clinical evidence and evidence gained through public involvement. A clear audit trail to evidence how the proposals were developed and the considerations taken, will be captured.
- 5.3. The development of any proposals will go through a three stage process;
- 5.3.1. *Stage 1: Development of a long list of solutions* - Possible solutions for harmonising the eligibility for each procedure developed by the CCG clinical and commissioning team. Each of the solutions will be evaluated against a list of essential criteria. Feedback from the initial engagement exercise will be used to inform solution development and develop a list of desirable criteria that will be reviewed in Stage 2 and applied in Stage 3.
- 5.3.2. *Stage 2: Criteria weighting* - In this stage, patients and public and other stakeholders (including NHS staff) will work together to understand the criteria identified in stage 1 and then together confirm the weighting that should be applied to that criteria. This will be a single online event.
- 5.3.3. *Stage 3: Development of proposals* - During this stage, public and patients and wider stakeholders (including NHS staff) will work together to evaluate the different possible solutions against criteria through a scoring process. There will be one event for each procedure.
- 5.4. On conclusion of the above stages, a business case will be developed to outline the proposals for each of the five procedures and at this point we will be able to identify future involvement activity needed.
- 5.5. All future proposals will include full Quality Impact Assessment (QIA), Equality Impact Assessment (EIA). Consideration of the financial impact of the proposals will be outlined within the business case.

## 6. Next Steps

- 6.1. The CCGs are now in a position to re-commence this work and move onto the next phase of the process.
- 6.2. Due to COVID-19, we recognise that there have been changes to the way the NHS has been able to deliver services and see patients and this may have affected the way people feel about or changed their experience of the services.
- 6.3. As a result, the CCG want to re-engage with service users to understand whether there is anything new we should consider since the conclusion of the initial engagement in 2020. We have therefore included an engagement re-set within stage 1 of the above process.
- 6.4. A high level involvement plan with indicative timescales is included in the table below;

*Table 1: High level involvement plan*

Activity	Date
<b>Stage 1a: Development of a long list of solutions</b>	August – October 2021
<b>Stage 1b: Engagement reset</b> including: Public survey, analysis of responses, release report of findings	August – November 2021
<b>Stage 2: Criteria weighting</b> including: Virtual event and report of findings	November 2021 – January 2022
<b>Stage 3: Development of Proposals</b> , including: Virtual and/or face to face events, data processing and analysis, impact assessments, development of business case	January - March 2022

6.5. On completion of the involvement process in March 2022, the CCGs will present the findings to the HOSC to identify future involvement activity.

## 7. Link to Trust's or Shared Strategic Objectives

7.1. The Together We're Better Partnership has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

### Our purpose

- If you live in Staffordshire or Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.
- Through local services we will help you to live independently and stay well for longer.
- When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.

## 8. Link to Other Overview and Scrutiny Activity

8.1. Paper presented to Health and Care Overview and Scrutiny Committee - 19 March 2019.

8.2. Briefing shared with Leek Health Overview and Scrutiny Panel – February 2020.

8.3. Paper presented to Health and Care Overview and Scrutiny Committee 14 September 2020 (specific to North Staffordshire Hearing Aid policy)

8.4. Stakeholder briefing shared with Health and Care Overview and Scrutiny Committee – February 2021 (specific to North Staffordshire Hearing Aid policy)

## 9. Community Impact

9.1. As part of developing any business case we will review the impact on the communities affected e.g. health inequalities, travel analysis and quality impacts and these will inform the final proposals.

## 10. Contact Officer

Gina Gill, Senior IFR/Improvement Manager, Staffordshire and Stoke-on-Trent Clinical Commissioning Groups.

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**11. Appendices/Background papers**

n/a

Local Members' Interest
n/a

## **Health and Care Overview and Scrutiny Committee - Monday 20<sup>th</sup> September 2021**

### **Transforming Urgent and Emergency Care (UEC) update**

#### **1 Recommendations**

- 1.1 To receive the update around the Transforming Urgent and Emergency Care programme and the engagement plan which will enable us to sense check the clinical model of care.
- 1.2 To review the contents of the report and to advise on any additional information that is required by members to feel assured that due process and sufficient involvement activity will be undertaken.

### **Report of NHS Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs)**

#### **2 Summary**

- 2.1 As part of the Together We're Better Partnership, Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership (STP) undertook engagement activity in summer 2019 with patients, public and members of the workforce.
- 2.2 Due to COVID-19, we recognise that there have been changes to the way the NHS has been able to deliver services and see patients and this may have affected the way people feel about or changed their experience of the services.
- 2.3 As a result, the CCGs want to re-engage with service users, carers, staff and partners to understand whether there is anything new we should consider since the conclusion of the initial engagement in 2019/20.

#### **3 Background**

- 3.1 As part of the Together We're Better Partnership that brings together the health and social care partners, the STP undertook engagement activity in summer 2019 with patients, public and members of the workforce. This information was utilised to develop and refine the clinical model of care that was included in the options appraisal process which took place from November 2019 through to February 2020. A full report of the feedback compiled from these engagement events was shared with commissioners and providers to inform the future models of care. However, before work could progress further, the associated transformation programmes were placed on hold in response to the COVID-19 pandemic.
- 3.2 In March 2020, in response to the COVID-19 pandemic and phase one guidance there were temporary changes to our services to support the wider system.
- 3.3 There are a number of challenges in our local urgent and emergency care services:

- **Workforce** – There is a shortage of specialist clinicians, middle-grade doctors and nursing staff to work in urgent and emergency care – locally and across the UK. There is a shortage of consultants (the most senior doctors) in emergency departments, acute medicine and intensive care.
  - **Confusion between ‘urgent’ and ‘emergency’** – Many people who attend emergency departments have minor illnesses or injuries which might be urgent, but could be seen by other services. **A mix of locations, run by different organisations, offering varying services** – There is confusion over where to go which is made worse by some places offering different levels of service even if they are called the same thing.
  - The emergency departments at Royal Stoke University Hospital (a major trauma centre for the area) and Queen’s Hospital in Burton are open 24/7 for patients of all ages. However, the emergency department at County Hospital in Stafford is open to adults only, it is not open 24/7, it is not able to treat patients with suspected heart attack or strokes and there is no emergency surgery service at site.
  - The walk-in centres and minor injuries units across Staffordshire and Stoke-on-Trent have differing opening times, and do not all offer the same tests, such as X-ray.
  - **Longer waiting times** – Patients are waiting longer than we would want in emergency departments to be seen and treated.
  - **Rising demand** – Nationally the number of patients attending emergency departments has risen by 40% over the last 15 years. Demand for urgent care advice is also rising across GP services, NHS 111 as well as the other urgent care settings.
  - **Varying health of our population** – Across Staffordshire and Stoke-on-Trent, people have different levels of health and healthy life expectancy. Whilst there have been improvements in recent years, the health of people in Stoke-on-Trent is generally worse than the England average. Some areas have much higher levels of deprivation which can be linked to poorer health and fitness, and increased rates of smoking. The wellbeing of older people living in more rural areas can be impacted by feelings of loneliness and isolation.
  - **COVID-19** – We need to maintain social distancing in our emergency departments and other urgent and emergency care settings, which means we need to reduce the number of people waiting in them.
- 3.4 National guidance: NHS England have developed revised guidance for Urgent Treatment Centres (UTCs), to make urgent and emergency care services easier to understand. We need to deliver this locally to design an approach that meets Staffordshire and Stoke-on-Trent’s needs.
- 3.5 During the pandemic, we needed to work differently to keep staff and patients safe. COVID-19 is still with us and we’re still having to use our workforce in a different way to help deliver safe services for all.
- 3.6 We’ve also seen improvements and innovative working through the pandemic that are delivering better care. We don’t want to lose this energy or innovation. We want to take forward the best practice to offer fair and quality services for all.
- 3.7 Now that COVID-19 restrictions are easing, it is the right time to continue our ongoing conversation on urgent and emergency services that started in 2019. We knew then that we needed to develop UTCs in-line with the NHS Long Term Plan and national standards.

## 4. Transformation programme

- 4.1 We are dedicated to designing consistent services and bringing clarity to our service users on what to expect within Emergency Departments (EDs) and UTCs.
- 4.2 The NHS national Long-Term Plan asks all systems to create UTCs. This will enable us to review the current services provided by Walk-in Centres (WICs) and Minor Injury Units (MIUs) in order to deliver consistent and simplified urgent and emergency care services. We want to involve local service users, as we design these centres based on local needs in Staffordshire and Stoke-on-Trent.
- 4.3 Nationally and locally, we have a shortage of specialist UEC clinicians and staff; we need to design these centres to maximise our workforce and help people be seen in the right place, at the right time, by the right clinician.
- 4.4 We want to protect our Emergency Departments for those with the most serious life-threatening conditions and offer shorter wait times for those whose need is urgent but not life threatening.
- 4.5 **Urgent care** is for an illness or injury that requires urgent attention but is not a life-threatening situation. Urgent care services in Staffordshire and Stoke-on-Trent include NHS 111, pharmacies, out-of-hours GP appointments, a walk-in centre, minor injuries units and an urgent care centre.
- 4.6 **Emergency care** is treatment for life-threatening conditions where your health condition requires time-critical care. For example: chest pain, a serious road accident, severe loss of blood, breathing difficulties, stroke, and severe allergic reactions. This is provided at an emergency department (currently and often referred to as A&E).
- 4.7 The involvement activity will inform the development of proposals for UTCs and EDs in the county. It is recognised there are interdependencies with the primary care offer. Although there is the opportunity for comments on the urgent primary care model, these will be fed into the wider primary care programme and separate involvement programme.
- 4.8 In Staffordshire and Stoke-on-Trent, we have a range of different urgent and emergency care services, including Emergency Departments, Minor Injury Units and Walk-in Centres. These operate at different times of the day and offer different levels of service.
- 4.9 We know there is a lot of inconsistency and that the names of our centres can be confusing. We want to follow national guidance and offer a fair offer across the county, which is easier for people to understand where to go.
- 4.10 The national specification for UTCs aims to make this process easier by replacing WICs and MIUs with an enhanced offer. The national standards say urgent treatment centres have to:
- Be open at least 12 hours a day, 365 days a year
  - Usually be led by GPs
  - Be staffed by GPs, nurses and other staff with access to simple tests, such as heart monitors and X-ray
  - Provide a consistent route for urgent appointments (booked through NHS 111, ambulance services and GP practices)
  - Direct access to local mental health services for crisis support
  - Still offer walk-in access.
- 4.11 The benefits include:
- Offering more services and treating more complex cases than walk-in centres or minor injuries units – equivalent to those found in smaller accident and emergency departments
  - Consistent services delivered across different sites

- Simplifying the choice of services and reducing duplication
- Allowing our workforce to work more flexibly
- Reducing unnecessary attendances to emergency departments
- Improved patient experience through bookable appointments and more services available out of hospital.

4.12 In developing UTCs it means we also need to consider the interdependencies with the wider urgent and emergency care system, including developing our primary care urgent care offer to support areas which will not have a UTC. It also clearly distinguishes the role of emergency departments, known usually as A&Es, to provide more specialist treatment for life-threatening, major illnesses and injuries as opposed to managing high levels of 'non-emergency' care. We need to design our local approach to meet this national guidance and importantly meet local needs, maximise the use of our workforce and offer value for money.

4.13 Our commitment to deliver urgent treatment centres and emergency departments focuses on defining the difference between urgent and emergency care and making sure that what is on offer is consistent and simplified across our geography.

## 5. COVID-19

5.1 The COVID-19 pandemic meant a lot of services had to work differently to keep staff and patients safe. The following temporary changes were put in place to support the system response to COVID-19 and to maintain safe staffing levels:

- **Cases of minor injuries** were transferred from Royal Stoke Emergency Department to the Haywood Walk-in Centre. Hours and clinical support were expanded at the Haywood.
- **Leek Minor Injuries Unit** was temporarily closed. It reopened in May 2021, but with reduced hours due to workforce pressures.
- **Cannock Hospital's MIU** remains temporarily closed due to the workforce still needed in other critical services, such as the emergency department.

5.2 All providers completed their respective trust's Quality Impact Assessments (QIAs) for the temporary changes that had been put in place.

5.3 COVID-19 also gave us the opportunity to work differently and to support patients to stay home wherever possible:

- More appointments were available **over the phone**
- Greater clinical support was available **through NHS 111**
- NHS 111 began to **directly book appointments** into EDs and some Walk-in centres
- Expanded the **two-hour Community Response Intervention Service (CRIS)** which looks to keep patients at home on a 'virtual ward'. Staff can go to patients' homes to deliver care, which is overseen by a consultant at the hospital. Paramedics can refer patients to this service instead of taking them to hospital too, which means patients can stay at home in their own surroundings supported by family and friends.
- You may get a direct appointment into our **Same Day Emergency Care (SDEC)** services in the hospital, for things like possible blood clot symptoms.

5.4 The new normality is resuming, but this is an opportunity to do things differently and continue with changes that have made improvements to patients' experiences and outcomes – rather than just going back to how things used to be. We want to make sure that the services we

provide today will also be able to meet future needs. To do this, we want to understand people's experiences of these temporary changes during COVID-19.

## **6. What are the service changes that have happened?**

6.1 The service changes are outlined within the background information above.

## **7. Material service change**

7.1 There are no proposals at this stage and these will not be developed until the full involvement process is complete.

7.2 All future proposals will include full QIA, Equality Impact Assessment (EIA). Consideration of the financial impact of the proposals will be outlined within the business case.

## **8. Understanding experiences during COVID-19**

8.1 The STP undertook a listening exercise in summer 2019 with patients, public and members of the workforce. This information was utilised to develop and refine the clinical model of care, based on the national specification, that was included in the options appraisal process which took place from November 2019 through to February 2020.

8.2 A full report of the feedback compiled from these events, survey and correspondence was shared with commissioners and providers to inform the future models of care. However, before work could progress further, the Transformation Programme was placed on hold in response to the COVID-19 challenge. The full report can be found at:  
<https://www.twbstaffsandstoke.org.uk/get-involved/health-and-care/our-journey/listening-exercise>

8.3 We are keen to keep service users, carers, staff and partners informed and involved at every step of our journey to inform the development of long-term proposals. We recognise the pause in the programme due to COVID-19 and are launching a sense-check involvement phase during Autumn 2021 to understand people's experiences of urgent and emergency care services during COVID-19, including experiences of the temporary service changes. We are also seeking to understand if there is anything new we should consider since 2019/20 to inform the development of proposals. This will enable clinicians and other professionals to recap and sense check the previous involvement work, to understand any potential negative impact of the proposed model of care.

8.4 We are planning a range of activities to help capture this sense-check feedback. This will include holding virtual sense check events in October 2021 to inform our future model of care and proposals. These events will be supported by a short survey, to support anyone who cannot attend the events to take part in the conversation. An Issues Paper and short video are being produced to help explain the model of care to support people to complete the survey. The survey can be completed online or by phoning 0333 150 2155 and will be made available on the Together We're Better website in the coming weeks:  
<https://www.twbstaffsandstoke.org.uk/get-involved/maternity-services-transformation>.

8.5 Our Communications and Engagement team is also continuing to contact community and voluntary sector groups to promote ways to get involved, in particular to seldom heard groups.

8.6 The feedback from this event will be shared with clinicians and staff in the trusts and CCGs to inform the development of proposals. The report of findings from this sense check involvement activity will be taken through the relevant governance processes in the trusts and CCGs and published on the Together We're Better website. We will aim to keep the Committee informed

at every stage of this process and as any plans for potential future involvement activity are developed, once the final proposals for service change are developed.

## **9. Summary**

- 9.1 The STP undertook engagement activity in summer 2019 with patients, public and members of the workforce.
- 9.2 Due to COVID-19, we recognise that there have been changes to the way the NHS has been able to deliver services and see patients and this may have affected the way people feel about or changed their experience of the services.
- 9.3 As a result, the CCGs want to re-engage with service users, carers, staff and partners to understand whether there is anything new we should consider since the conclusion of the initial engagement in 2019/20.

## **10. Link to Trust's or Shared Strategic Objectives –**

- 10.1 The Together We're Better Partnership has an agreed vision: Working with you to make Staffordshire and Stoke-on-Trent the healthiest places to live and work:

### ***Our purpose***

- If you live in Staffordshire or Stoke-on-Trent your children will have the best possible start in life and will start school ready to learn.
- Through local services we will help you to live independently and stay well for longer.
- When you need help, you will receive joined up, timely and accessible care, which will be the best that we can provide.

## **11. Link to Other Overview and Scrutiny Activity**

- 11.1 Since 2016 the partnership has attended Committee meetings to update on progress against the transformation programme. Today's meeting is a continuation of this ongoing conversation. The most recent update on restoration and recovery to the Committee was in July 2021.

## **12. Community Impact**

- 12.1 Detailed analysis on travel, population health needs, workforce modelling and service usage will be carried out over the coming months to help inform the development of the Pre-Consultation Business Case. This will inform the level of community impact of any proposed changes and further detail can be shared at this stage in the process.

## **13. Contact Officers**

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Ashleigh Shatford, Head of Urgent Care Transformation, CCGs, e-mail: [Ashleigh.Shatford@staffsstokeccgs.nhs.uk](mailto:Ashleigh.Shatford@staffsstokeccgs.nhs.uk)

Local Members' Interest
n/a

## **Health and Care Overview and Scrutiny Committee - Monday 20<sup>th</sup> September 2021**

### **Phase 3 Covid vaccination update**

#### **1. Recommendation**

- 1.1 To consider the information provided and comment on the planned COVID-19 Vaccination Programme for phase 3.

### **Report of NHS Staffordshire and Stoke-on-Trent Clinical Commissioning Groups**

#### **Summary**

#### **2. What is the Overview and Scrutiny Committee being asked to do and why?**

- 2.1 To consider the information provided and comment on the phase 3 COVID-19 Vaccination Programme.
- 2.2 To consider the information provided and comment on the next steps in delivery.

#### **Report**

#### **3. Background**

- 3.1 This is the biggest vaccination programme the NHS has ever undertaken. We want to start, again, by thanking our partners for the continued support they have provided to enable the huge success the local system has seen. To date, Staffordshire & Stoke on Trent have vaccinated 86% of all adults over the age of 18 with 1 dose of the vaccination, and 81% have now received both doses.
- 3.2 Phase 1 of the programme saw the roll out of vaccination for anyone who was over the age of 50 or had an underlying health condition – these were the JCVI cohorts 1-9.
- 3.3 Phase 2 of the programme then covered JCVI cohorts 10-12 which included individuals aged between 18-49 years old. Over the recent weeks, phase 2 has then been extended further and included the roll out of vaccinations for children aged 16 & 17, as well as those who aged 12-15 who are clinically extremely vulnerable.

#### **4. Understanding service change**

4.1 Phase 3 of the programme is now planning and mobilising the following:

- The annual flu campaign, to anyone over the age of 50, those 18years+ with a long term condition and the following children:
  - Children aged 2 or 3 years on 31 August 2021 – born between 1 September 2017 and 31 August 2019
  - all primary school children (reception to year 6)
  - all year 7 to year 11 children in secondary school
  - children aged 2 to 17 years with long-term health conditions
- A 3<sup>rd</sup> dose ‘booster’ programme for all those in cohorts 1-9, so anyone 50 years+ and those who are 16+ with a long term condition.
- A children’s Covid vaccination programme for any child aged 12-15 years old.

#### **5. What are the service changes that have happened?**

5.1 At the point of writing the following has now moved into mobilisation phase:

- The flu programme is underway with some practices and pharmacies now receiving their deliveries the week commencing 6<sup>th</sup> September. We have been notified of a potential delay to some vaccine deliveries which will impact providers and they will need to reschedule clinics, these sites are being supported with communications to patients.
- The children’s flu programme is scheduled to commence the week commencing 13<sup>th</sup> September.
- Guidance has been released outlining a small group of immunosuppressed patients who now required a 3<sup>rd</sup> dose of the vaccine to increase their protection. This guidance is being turned into an operating plan and is likely to be delivered by the PCN and hospital sites.

#### **6. Material service change**

6.1 Phase 3 will continue to be delivered using a very similar operating model to what it did in phase 1 & 2 for Staffordshire & Stoke on Trent, with the addition of the School Age Immunisation Service (SAIS). The main change for phase 3 relates to our Vaccination Centres.

6.2 In phase 1 & 2 we have operated with 3 Vaccination Centres, one in Tunstall, one in Stafford and the 3<sup>rd</sup> in Alrewas. Tunstall will remain in place for phase 3 and Kingston will also still be available but will be managed as a PCN site ran by the local GPs.

6.3 The site in Alrewas closed on the 31<sup>st</sup> August due to landlord requiring access to the site, but also due to the low footfall experienced at the site. There will still be a presence in this area of East Staffordshire through the mobile vaccination team, through the PCN site and the community pharmacy sites. An Equality Impact Assessment has been undertaken.

6.4 The operating model for phase 3 model is set out below:

- 23 PCN Sites – All North Staffs & Stoke on Trent PCNs have signed up for phase 3.
- 24 Community Pharmacies were put forward but we are still awaiting final sign off from the region on a number of these.
- 1 Vaccination Centre – This will remain as Tunstall in Stoke on Trent
- 1 Mobile Vaccination Team
- 3 Hospital Hubs – University Hospital North Midlands (UHNM) & Combined Healthcare will work from Royal Stoke to vaccinate their workforce. Midlands Partnership Foundation Trust will operate from St Georges Hospital site. There will also be a site ran by University Hospitals Derbyshire & Burton from the Queens Hospital site in Burton and the 2 community hospitals in Tamworth & Lichfield.
- School Age Immunisation Service

## **7. Understanding experiences during COVID-19**

7.1 Throughout the programme we have continued to engage with all our partners and hold a fortnightly Programme Board, chaired by the Senior Responsible Officer Neil Carr. This reviews the progress of the programme, any feedback from patients, providers, stakeholders and has a dedicated section on the agenda for lessons learnt. The programme is underpinned by an extensive communications programme which fully engages with the public to ensure all the correct messages, feedback and experiences are being captured and responded to where required.

## **8. Transformation programme**

8.1 Although this is in response to a public health emergency, the system response and collaboration shown from all partners, has demonstrated how successful integration can be and will support future transformation programmes within the system.

## **9. Summary**

9.1 The latest position on the Covid-19 Vaccination Programme will be presented at the committee.

## **10. Link to Trust's or Shared Strategic Objectives –**

10.1 The NHS is in a level 3 Major Incident.

## **11. Link to Other Overview and Scrutiny Activity**

11.1 The committee has been receiving regular updates relating the vaccination programme during the pandemic.

## **12. Community Impact**

12.1 This is in response to a public health emergency.

### **13. Contact Officer**

Mel Mahon – Head of Vaccination Programme Staffordshire& Stoke on Trent

Address/e-mail: melanie.mahon@staffsstokeccgs.nhs.uk

### **14. Appendices/Background papers**

Presentation at the meeting.

Local Members' Interest
N/A

## Health and Care Overview and Scrutiny Committee – 20 September 2021

### District and Borough Health Scrutiny Activity

#### Recommendation

1. That the report be received, and consideration be given to any matters arising from the Health Scrutiny activity being undertaken by the Staffordshire District and Borough Councils, as necessary.

#### Report of the Scrutiny and Support Officer

#### Background

2. The Health and Social Care Act 2001 confers on local authorities with social services functions powers to undertake scrutiny of health matters. The County Council currently have responsibility for social services functions but, to manage health scrutiny more effectively, they have agreed with the eight District/Borough Councils in the County to operate joint working arrangements.
3. Each District/Borough Council has a committee in which holds the remit for health scrutiny matters that have a specifically local theme. The Health and Care Overview and Scrutiny Committee will continue to deal with matters that impact on the whole or large parts of the County and that require wider debate across Staffordshire.
4. District and Borough Councils each have a representative from the County Council Health and Care Overview and Scrutiny Committee as a member of the relevant committee with remit for health scrutiny matters. The County Councillors will update the District and Borough Councils on matters considered by the Health and Care Overview and Scrutiny Committee. A summary of matters considered by this committee is circulated to District and Borough Councils for information.
5. It is anticipated that the District and Borough Councillors who are members of this committee will present the update of matters considered at the District and Borough committees to the Health and Care Overview and Scrutiny Committee.
6. The following is a summary of the health scrutiny activity which has been undertaken at the District/Borough Council level since the last meeting of the Health and Care Overview and Scrutiny Committee on 9 August 2021.
7. **Cannock Chase District Council**

Cannock Chase District Council's Wellbeing Scrutiny Committee has not met since the last meeting 9 August 2021.

  - a. Date next meeting: 14 September 2021

## **8. East Staffordshire Borough Council**

East Staffordshire Borough Council's Scrutiny Community Regeneration, Environment and Health and Well Being Committee met on Monday 2 August 2021, an update will be provided at the meeting.

Date of next meeting: Wednesday 22 September 2021

## **9. Lichfield District Council**

Lichfield District Council's Overview and Scrutiny Committee has not met since 9 August 2021.

Date of next meeting: Thursday 16 September 2021

## **10. Newcastle-under-Lyme Borough Council**

Newcastle-under-Lyme Borough Council's Wellbeing & Partnerships Scrutiny Committee has not met since the last meeting 9 August 2021.

Date of the next meeting: Monday 13 September 2021.

## **11. South Staffordshire District Council**

South Staffordshire District Council's Wellbeing Select Committee has not met since the last meeting.

Date of next meeting 5 October 2021 to consider the Dudley Breast Screening Service and Children's Mental Wellbeing.

## **12. Stafford Borough Council**

The next meeting of Stafford Borough Council's Community Wellbeing Scrutiny Committee will be held on Tuesday 21st September 2021, where the following items are due to considered:-

- Health and Care Overview and Scrutiny Committee - a report back on previous meetings of the Health and Care Overview and Scrutiny Committee held on 26 July and 9 August 2021.
- Performance Update Report - a detailed analysis of the performance monitoring of those services within the remit of the Scrutiny Committee for the quarter 1 period ending 30 June 2021
- Work Programme – a report outlining the Committee's Work Programme for meetings up to March 2022.

## **13. Staffordshire Moorlands District Council**

Staffordshire Moorlands District Council's Health Overview and Scrutiny Panel has not met since the last meeting.

The next meeting is scheduled to take place on 15 September 2021 and will consider the following items:-

- Aftercare following discharge from hospital
- The Annual Update from Midlands Partnership Foundation NHS Trust
- West Midlands Ambulance Service - Review of Community Ambulance Stations & rural provision of the Ambulance Service)

#### 14. Tamworth Borough Council

Tamworth Borough Councils Health & Wellbeing Scrutiny Committee has not met since the last meeting.

Date of the next meeting: 23 September 2021

#### Appendices/Background papers

<b>Council</b>	<b>District/ Borough Representative on CC</b>	<b>County Council Representative on DC/BC</b>
<b>Cannock Chase</b>	Cllr Martyn Buttery	Cllr Phil Hewitt
<b>East Staffordshire</b>	Cllr Colin Wileman	Cllr Philip Atkins
<b>Lichfield</b>	Cllr David Leytham	Cllr Janice Sylvester-Hall
<b>Newcastle</b>	Cllr Ian Wilkes	Cllr Ian Wilkes
<b>South Staffordshire</b>	Cllr Joyce Bolton	Cllr Jak Abrahams
<b>Stafford BC</b>	Cllr Jill Hood	Cllr Anne Edgeller
<b>Staffordshire Moorlands</b>	Cllr Barbara Hughes	Cllr Keith Flunder
<b>Tamworth</b>	Cllr Rosey Claymore	Cllr Thomas Jay

#### Contact Officer

Deb Breedon, Scrutiny and Support Officer

[Deborah.breedon@staffordshire.gov.uk](mailto:Deborah.breedon@staffordshire.gov.uk)



## **WORK PROGRAMME – 20 September 2021**

### **Health and Care Overview and Scrutiny Committee 2021/22**

This document sets out the work programme for the Health and Care Overview and Scrutiny Committee for 2021/22.

The Health and Care Overview and Scrutiny Committee is responsible for:

- Scrutiny of matters relating to the planning, provision and operation of health services in the Authority's area, including public health, in accordance with regulations made under the Health and Social Care Act 2001 and subsequent guidance.
- Scrutiny of the Council's work to achieve its priorities that Staffordshire is a place where people live longer, healthier and fulfilling lives and In Staffordshire's communities people are able to live independent and safe lives, supported where this is required (adults).

#### **Link to Council's Strategic Plan Outcomes and Priorities**

- Inspire healthy, independent living
- Support more families and children to look after themselves, stay safe and well

We review our work programme from time to time. Sometimes we change it - if something comes up during the year that we think we should investigate as a priority. Our work results in recommendations for NHS organisations in the county, the County Council and sometimes other organisations about how what they do can be improved, for the benefit of the people and communities of Staffordshire.

**Councillor Jeremy Pert**

**Chairman of the Health and Care Overview and Scrutiny Committee**

If you would like to know more about our work programme, please get in touch with Deborah Breedon, Scrutiny and Support Officer on [Deborah.breedon@staffordshire.gov.uk](mailto:Deborah.breedon@staffordshire.gov.uk)

In Staffordshire, the arrangements for health scrutiny have been set up to include the county's eight District and Borough Councils. The Health and Care Overview and Scrutiny Committee is made up of elected County Councillors and one Councillor from each District or Borough Council. In turn, one County Councillor from the Committee sits on each District or Borough Council overview and scrutiny committee dealing with health scrutiny. The Health and Care Overview and Scrutiny Committee concentrates on scrutinising health matters that concern the whole or large parts of the county. The District and Borough Council committees focus on scrutinising health matters of local concern within their area.

## Health and Care Overview and Scrutiny Committee Work Programme 2021-22

Date	Topic	Background/Outcomes	
<b>Committee Meetings, Reviews and Consultations</b>			
		Background	Outcomes from Meeting
<b>Monday 7 June 2021 at 10.00 am</b>	<ul style="list-style-type: none"> <li>Health Scrutiny Arrangements</li> <li>Work Programme Planning Covid Update</li> </ul>		Awareness of the background, scope and role of health scrutiny in Staffordshire. Work programme items to be prioritised and work programme to be submitted to the meeting on 5 July 2021
<b>Monday 5 July 2021 at 10.00 am</b>	<ul style="list-style-type: none"> <li>Restoration and Recovery</li> <li>Access to GP surgeries</li> <li>Future Delivery of Residential Replacement Care Services in Staffordshire (learning disabilities) (21/07/2021)</li> <li>Covid Update</li> </ul>		<p>R&amp;R: highlighted the work carried out through pandemic, noted the progress and risks around R&amp;R and work planned to address current issues and move forward. Requested additional data and actions plans.</p> <p>Access to GP : noted the actions planned and requested detail of process to engage re s106 agreement relating to healthcare and feedback from consultation work with residents and practices on patient preference - perceptions, challenges and barriers.</p> <p>RRCS: Endorsed the commencement of the option appraisal. Pre-decision report requested. Covid update was noted members to share the update and representation of the vaccine programme widely.</p>
<b>Monday 26<sup>th</sup> July 2021 at 2.00 pm</b>	<ul style="list-style-type: none"> <li>Walleys Quarry Landfill site - Health Implications</li> </ul>		Health and wellbeing implications : Questioning of strategic partners relating to the health and wellbeing implications of odour emissions from Walley's Quarry Landfill Site resulted in a recommendation to write to Government relating to the length of time the issues had been going and the adverse impact on the health and wellbeing of residents in Staffordshire and to request intervention in this matter. Other recommendations related to requests for further information about health and safety of employees, air quality monitoring reports, data relating to mental health impact. Also recommendations to EA to maintain monitoring, share data with PHE and to suggest investigate technical monitoring of emissions at landfill sites and recommendations to CCGs relating to referral pathways for those requiring support for mental health and wellbeing issues associated with Walleys Quarry Landfill Site. EA was requested to provide monthly written briefings of emission levels and a report to this committee in October 2021 to detail the range of works completed.
<b>Monday 9 August 2021 at 10.00 am</b> Scheduled	<ul style="list-style-type: none"> <li>George Bryant Centre</li> <li>Maternity Services</li> <li>Covid Update</li> </ul>	Work planning (7.6.2021) SCC PH	<p>GBC- Endorsed the process., requested additional information re clinical data to include in the business case. Highlighted the importance of the community impact assessment.</p> <p>Healthwatch Staffordshire to support face to face engagement with service users, families and carers. Further report requested following consultation.</p> <p>Maternity Services – endorsed the process and requested further trend data for home births. Healthwatch Staffordshire support to contact user groups. Further report following consultation.</p>

<b>Monday 20 September 2021 at 10.00 am</b> Scheduled	<ul style="list-style-type: none"> <li>• Difficult Decisions – Hearing aids, Bariatric surgery, IVF</li> <li>• Phase 3 vaccination programmes</li> <li>• Urgent and Emergency Care Programme</li> <li>• COVID update</li> </ul>	Work programme (14.09.2020) Work planning (7/6/21) Triangulation (2020) & Work planning	
<b>Monday 11 October 2021 at 2.00 pm</b>	<b>Workshop</b> - Introduction to Mental Health <ul style="list-style-type: none"> <li>• Mental Health and Wellbeing – overview of services from mild to acute provision</li> </ul>	Work Planning (7.6.2021)  CS/ASC/CCG	
<b>Monday 25 October 2021 at 10.00 am</b> Scheduled  Page 39	<ul style="list-style-type: none"> <li>• Transformation Programme - how Community Diagnostic Policy fits into every service</li> <li>• Review of independent in-patient mental health hospitals in Staffordshire</li> <li>• Dashboard of proposed Health and Care KPIs</li> <li>• Walleys Quarry Update (26/7/21)</li> <li>• COVID update</li> </ul>		<i>Planning ongoing to agree timeliness of the proposed items.</i> <i>The rise in Covid infections rate and impact on NHS services has impacted on proposed timelines for some items on the work programme.</i>  <i>Note also to be scheduled late summer :</i> <ul style="list-style-type: none"> <li>• Review of impact of COVID on dentistry and access</li> <li>• Winter plan NHS</li> <li>• Future delivery of residential replacement services – pre-decision scrutiny (5.7.21)</li> </ul>
<b>22 November 2021 VC Scrutiny Lead</b>	<b>Inquiry Day</b> - wider determinants of Health <ul style="list-style-type: none"> <li>• AM – Healthy you - Diet/ obesity/ activity healthy life expectancy.</li> <li>• PM – Healthy Environment impact – housing, planning, food outlets</li> </ul>	Full day 2 sessions Role of partners including community support and Parish Councils Involve DC/BC, Parish Councils, healthwatch and voluntary sector	
<b>Monday 29 November 2021 at 10.00 am</b> Scheduled	<ul style="list-style-type: none"> <li>• Integrated Care Strategy – vertical integrated</li> <li>• Health &amp; care pathway – walk through of resident pathway to ensure optimum pathways used seamlessly</li> <li>• COVID update</li> </ul>	Residents can access the services they need and can move seamlessly through health and care services without deconditioning	

<b>To be scheduled Chair Lead holding to Account</b>	<ul style="list-style-type: none"> <li>Scrutiny of Corporate Plan (Single item)</li> <li>Focus on Health and Care</li> </ul>	Work planning (7.6.2021)	<b>Corporate O&amp;S</b> - 29 July 2021 officers to prepare performance data: Draft Corporate Plan to be considered (date to be agreed)
<b>Monday 31 January 2022 at 10.00 am</b> Scheduled	<ul style="list-style-type: none"> <li>Care Home services – review of market and health and care plan for sector medium term</li> <li>Impact of Long COVID</li> <li>Health and Care post COVID – lessons learned</li> </ul>		
<b>Tuesday 15 March 2022 at 10.00 am</b> Scheduled	<b>Inquiry Day</b> - use of advances in technology in Health & Social Care		
<b>Tuesday 19 April 2022 at 10.00 am</b> Scheduled	<b>Environment Day</b> <ul style="list-style-type: none"> <li>Climate change – what are Staffordshire's health and care partners doing</li> <li>Impact of air pollution on Staffordshire</li> </ul>		
<b>Working Party VC Overview lead Scope meeting PN September 2021</b>	<ul style="list-style-type: none"> <li>Role and impact from school's mental wellbeing counsellors, including the Healthy Schools Programme</li> </ul>	Report to HCOSC to agree Scope and membership Oct 2021	

<b>Working list of items</b>		
<b>Suggested Items</b>	<b>Background</b>	<b>Possible Option</b>
The Role of Community Hospitals within the Wider Health Economy (CCGs, MPFT, D&BUHFT)		
'Long' Covid-19 - Reponse by Health (CCGs and Accute Hospital Trusts)	Agreed at Committee meeting on 14 September 2020	January 2022
Workforce Planning (Accute Hospital Trusts)	Requested by Chairman at Committee meeting on 26 October 2020	
SCC Mental Health Strategy (SCC)	Requested by Richard Deacon 21 October 2020	11 October 2021 – Awareness session
ICS and Urgent Care configuration engagement (CCGs/ICS)	Requested by Chairman in correspondence with CCGs Accountable Officer 5 March 2021	20 September 2021
Wider Determinants of Health – Inquiry Day (CCGs and SCC).	Requested at pre-Agenda preview on 28 August 2020	29 November 2021
Staffordshire Healthwatch Annual Report and Contract (Healthwatch and SCC)	Requested at meeting on 16 March 2021	Briefing circulated August 2021 – schedule early 2022
Covid-19 Annual Vaccination Programme (CCGs)	Requested at meeting on 16 March 2021	Regular updates
Going Digital in Health (CCGs)	Requested at meeting on 16 March 2021	15 March 2022
Care Homes – Future Strategy and Key Issues including Future Demand (SCC)	Requested at meeting on 16 March 2021	January 2022



